DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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OR	Number of	r PCT Internation	nal Applicati), ar	on Number nd was amended	
	contents of the a	bove identified	application, i	including the cla	aims, as amended
, material informatio	n which became	available between			
e(s), or 365(a) of any a, listed below and h is rights certificate(s)	y PCT internation ave also identifie	nal application(s) ed below, by che	which designed cking the bo	gnated at least of ox, any foreign	one country other application(s) for
(s) Co	nntrv	Foreign Filin	Date	•	Claimed No
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or §365(c) of any PC each of the claims inner provided by the	CT International a of this applicati e first paragraph	application(s) deson is not disclosof Title 35, Unite	signating the sed in a lised States Co	United States, sted prior Unite de, §112, I ackn	listed below and d States or PCT owledge my duty
	l and understand the erred to above. ose information who, material information illing date of the contraction (s) Contraction of the claims on the claims of the claims on the contraction of the cont	Number of (Confirma) I and understand the contents of the a erred to above. ose information which is material, material information which became illing date of the continuation-in-part a sefits under 35 U.S.C. 119(a)-(d) or (ficts), or 365(a) of any PCT internation, listed below and have also identifies rights certificate(s), or any PCT interimed. (s) Country Japan enefits under 35 United States Code § or §365(c) of any PCT International a each of the claims of this applicationner provided by the first paragraph of	Number or PCT Internation (Confirmation No	Number or PCT International Application (Confirmation No	Number or PCT International Application Number

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:								
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Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature		Date		p				
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF THIRD INVENTOR:								
Given Name (Girst and middle [if any])		Family Name or Surname						
Inventor's Signature			Date	·				
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF FOURTH INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature		Date		,				
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF FIFTH INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature			Date					
Residence: City	State	Country Citizenship		Citizenship				
Mailing Address:								
City	State	Zip		Country				